MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

08967

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester (Esther Bennett)
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7anmosy 12 ds
Hospital, Institution, or street address where death occurred:
astern Shore State Hospital
How long in hospital or Institution? 7 mos. 12 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Esther Bennett

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 2 1856

8. AGE: Years: 88 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Worcester County Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Peter Bennett
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary Ann Jones
15. Birthplace: Unknown

16. Informant
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 1/45 (month) (day) (year)
Cemetery or crematory Whitecoat
Location Snow Hill, Md

18. Funeral director Hearne + Timmons
Address Snow Hill, Md

19. 10-1- 19 45 (Date rec'd by registrar) John Macy Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 29 19 45, at 3.35P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16 19 45, to Sept. 29 19 45
and that I last saw h...er alive on Sept. 29 19 ....

Immediate cause of death	DURATION
General and Cerebral Arteriossc sclerosis	unknown
Due to	
Due to Senility	
Other conditions	
Senile Psychosis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address Cambridge Date signed 9/29/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08968

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Penna. County: Delaware

City or town: Wayne

(If outside city or town limits, write RURAL and give nearest town)

Street No. 124 Walnut ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: none ✓

3.(a) FULL NAME: Alice C. Blades

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6.(b) Name of husband or wife: Edw. Blades

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1860

8. AGE:

Years	Months	Days	If less than one day
85	7	12	..... hrs. ..... min.

9. Birthplace: Pocomoke, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Abraham W. Cranmer

13. Birthplace: New Jersey

MOTHER

14. Maiden name: Amelia Boston

15. Birthplace: Unknown

16. Informant: Mrs. J. P. Hopson

Address: 124 Walnut ave, Wayne, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-16-45 (month) (day) (year)

Cemetery or crematory: Baptist Cemetery

Location: Pocomoke, Md.

18. Funeral director: Kenneth R. Sloman

Address: Cambridge, Md

19. Sept. 15, 1945 (Date rec'd by registrar) John Mace Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 14, 1945, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13, 1945, to Sept. 14, 1945, and that I last saw h... alive on Sept. 14, 1945.

	DURATION
Immediate cause of death: Coronary Occlusion	1/2 hr
Due to: Hypertrophy of Heart	4 yrs
Due to: none	
Other conditions: none. autopsy	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Julius Emmons M. D. or other

Address: Cambridge, Md. Date signed: 9-15-1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B5-2)

CERTIFICATE OF DEATH

08969

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital

How long in hospital or institution? Seven Mths.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge
(If ontside city or town limits, write RURAL and give nearest town)

Street No. 400 Locust St.
(If rnrai, give LOCATION)

2.(a) If veteran, name war: -

3. (a) FULL NAME: Howard Brannock

3. (b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Annie Windsor

(Deceased) 12/30/39 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 9, 1862.

8. AGE: Years	Months	Days	If less than one day
83	2	12	..... hrs. ..... min.

9. Birthplace: Cambridge, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation: Retired
11

11. Industry or business

FATHER — 12. Name: James Brannock
13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Mary E. McQuay
15. Birthplace: Maryland.

16. Informant: Mrs. John Everhart
Address: Cambridge, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 23, 1945 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery

Location: Cambridge, Maryland.

18. Funeral director: LeCompte's Funeral Service

Address: Cambridge, Maryland.

19. Sept 22 (Date rec'd by registrar) 19 45 John Mace Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 20, 1945 at 6:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1, 1945, to Sept 20 1945 and that I last saw him alive on Sept 20 1945

Immediate cause of death	DURATION
Uremia	3 days
Due to Multiple diverticula of bladder	?
Due to cystitis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: John Mace Jr. M.D. M. D. or other

Address: Cambridge, Md. Date signed 9/24/45

08970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: 811 Maryland ave.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Cambridge, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Jefferson J. Braunock

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Sallie Cook
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Sept 6 - 1862

8. AGE:

Years	Months	Days	If less than one day
82	11	25	..... hrs. ..... min.

9. Birthplace: Cambridge
(Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business

FATHER
12. Name: Willis Braunock
13. Birthplace: Dor Co

MOTHER
14. Maiden name: Martha Vickers
15. Birthplace: Dor Co.

16. Informant: Mrs. Wm. H. Hooper
Address: Maryland ave. Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-3-45 (month) (day) (year)
Cemetery or crematory: Greenlawn
Location: Cambridge
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.

19. Sept. 3 - 1945 John MacJa... Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 1 19 45 at 10:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 43, to Sept 1 19 45
and that I last saw h... alive on Sept 1 19 45

Immediate cause of death	DURATION
Coronary Thrombosis	1 hr.
Due to Cardiac Failure	
Due to Myocardial Disease	3 yr.
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.: none
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Geo. Emmons M. D.
Address: Cambridge Md. M. D. or other
Date signed 9-3-1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08971

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred: Pine and Muir Sts. enroute to
How long in hospital or institution? 0 hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 41 Douglass
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Chester Arthur Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife: Ethel Smith
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): January 16, 1907

8. AGE: Years	Months	Days	If less than one day
38	7	16	x hrs. x min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Janitor of Elk's Home
11. Industry or business: x

FATHER
12. Name: Arthur Brown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Jessie Handy
15. Birthplace: Maryland

16. Informant: Minerva Stanley
Address: 45 Douglass St. Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 6 1945 (month) (day) (year)
Cemetery or crematory: Vaugh Cemetery
Location: Cambridge, Md
18. Funeral director: W. M. St. Clair & Son
Address: Cambridge Md.

19. 9-6-45 (Date rec'd by registrar) John Mace Jr MD Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH: September 2 1945, at 10-30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from x 19.. to x 19.. and that I last saw h. x alive on x 19..

Immediate cause of death	DURATION
Hemoptysis	few minutes
Due to: Pulmonary Tuberculosis ?	?
Due to: x	
Other conditions: x	

(Include pregnancy within 3 months of death)

Major findings of operations: x
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: x Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: x Injured at work?

23. SIGNATURE: Jos. K. Shriver Dep. Med. Exam. M. D. or other
Address: Cambridge, Md. Date signed: Sept. 2/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

08972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Campser Campser

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Mal	Color	Singl

6.(b) Name of husband or wife: None 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 28 1944

8. AGE: Years	Months	Days	If less than one day
	9		hrs. min.

9. Birthplace: Cambridge (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Lewis Campser

13. Birthplace: Maryland

MOTHER 14. Maiden name: Elizabeth Ennells

15. Birthplace: Maryland

16. Informant: Alice Leamaer

Address: Cambridge

17. Burial, cremation, or removal. Which?: Tompson town Date thereof: Sept 24 (month) (day) (year)

Cemetery or crematory: Tompson town

Location: Near East new market

18. Funeral director: Lewis H Bayne

Address: Cambridge md

19. Sept 24 19 45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 22 19 45 at 8:30 P.M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Sept. 21 19 45 to Sept 21 19 45 and that I last saw him alive on Sept. 21 19 45

Immediate cause of death	DURATION
Malnutrition	Four hours
Due to: Diarrhoea	" "
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

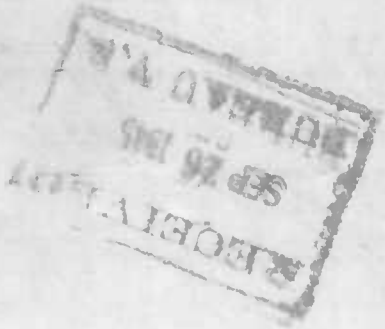
23. SIGNATURE: Alice E. Hunter M. D. or other

Address: Cambridge Md Date signed 9-24-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15



Evidence for addition of county of death is shown on [illegible] No. G 98 SEP 20 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 18973 116

Reg. Dist. No. 13

1. PLACE OF DEATH:

County: Dorchester

City or town: Linkwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 59 years Linkwood

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Linkwood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Emery Clark

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Mal	Color	Married

6.(b) Name of husband or wife: Mollie Clark

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Oct 4 1870

8. AGE: Years: 74 | Months: 11 | Days: — | If less than one day: ...hrs. ...min.

9. Birthplace: Cambridge R F D

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Nathan Clark

13. Birthplace: Md

MOTHER 14. Maiden name: Harriett A Waugh

15. Birthplace: Md

16. Informant: George Clark

Address: 445 Hight St

17. ~~to Bee~~ (Burial, cremation, or removal. Which?) Date thereof: Sept 10 (month) (day) (year)

Cemetery or crematory: Wall Cemetery

Location: Cambridge Md

18. Funeral director: Lewis H Bayne

Address: Cambridge Md

19. 9/8/45 (Date rec'd by registrar) 19... John Mace Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 7 1945 at 2:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1945 to September 7 1945

and that I last saw h— alive on September 6 1945

Immediate cause of death	DURATION
Anemia & Embolism	4 mo
Pulmonary Edema	4 days
Due to Chronic Myocarditis	16 mo
Senile Decay	
Due to	
Other conditions Hypertension	16 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Carroll M Stocum M.D. M. D. or other

Address: Primrose Md Date signed 9-7-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARMENT OF HEALTH

2411 N. Charles St. Baltimore (191-E)

CERTIFICATE OF DEATH

★ 08974

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mon. 3 ds
Hospital, Institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? Cam 1 mon 3 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:
For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Hebron
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Charles M. Cooper

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 17 1867

8. AGE:	Years	Months	Days	If less than one day
	78	2		hrs. min.

9. Birthplace: Salisbury Wicomico Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: Thomas B Cooper
13. Birthplace: Salisbury Wicomico Md.

MOTHER
14. Maiden name: Maria Taylor
15. Birthplace: Salisbury, Wicomico Co. Md.

16. Informant: Mrs. Lala Taylor
Address: Hebron, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept. 27-45 (month) (day) (year)
Cemetery or crematory: Parsons Cem
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. Sept. 26 19 45 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 24 19 45 at 3.20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 19 45 to Sept. 24 19 45 and that I last saw him alive on Sept. 24 19 45

Immediate cause of death	DURATION
Chronic Myocarditis & Myocardial	
Degeneration &	unknown
Due to Chronic Nephritis	
Due to	
Other conditions: Senile Psychosis	1 yr

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. D. Brumbaugh M.D. M. D. or other
Address: Cambridge Md. Date signed: Sept 24 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 86a

08975

CERTIFICATE OF DEATH

Reg. Dist. No. 16 J

1. PLACE OF DEATH:

County Dorchester

City or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Eldorado

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rhodesdale - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Eldorado

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Lyda L. Gould

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Herman Gould

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 25, 1875

8. AGE:

Years	Months	Days	If less than one day
70	2	9	hrs. min.

9. Birthplace Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER

12. Name Elijah Insley

13. Birthplace Dorchester County, Maryland

MOTHER

14. Maiden name Charlotte Ellis

15. Birthplace Dorchester County, Maryland

16. Informant Herman Gould

Address Rhodesdale, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof September 6 1945 (month) (day) (year)

Cemetery or crematory Eldorado Cemetery

Location Eldorado, Maryland

18. Funeral director J. J. Frampton and Son

Address Fruitland, Maryland

19. Sept 6 1945 (Date rec'd by registrar) Owen W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1945, at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1945 to Sept 4 1945

and that I last saw him alive on Sept 1945

Immediate cause of death Acute Edema Cerebral Hemorrhage.

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Tubbman M. D.

Address Sharptown, Md Date signed 9-7-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

08976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86-a)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos. 26 ds

Hospital, Institution, or street address where death occurred:
Eastern Shore State Hospital

How long in hospital or institution? 2 mos. 26 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Frederick Hales

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Emma Richardson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 17 1857

8. AGE:	Years	Months	Days	If less than one day
	88	2		..... hrs. ..... min.

9. Birthplace: Worcester County, Maryland
(Town, county, and state)

10. Usual occupation: Boat captain

11. Industry or business

FATHER
12. Name: Hales
13. Birthplace: Worcester Co. Maryland

MOTHER
14. Maiden name: Powell
15. Birthplace: Worcester County, Maryland

16. Informant: Hospital Records

Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 23/45 (month) (day) (year)

Cemetery or crematory: Whatcoat

Location: Snow Hill, Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill, Md

19. Sept 22-45 (Date rec'd by registrar) John Mason Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20 1945, at 5.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1945 to September 20 1945 and that I last saw him alive on September 20 1945

Immediate cause of death	DURATION
General and Cerebral Arteriosclerosis	More than 5 yrs.
Due to	
Due to	
Other conditions: Chronic Myocarditis	unknown
Fractured femur	6 days

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: contributory

Accident, suicide, or homicide: Accident Date of: Sept. 14/45

Where did injury occur? Cambridge (City or town) Dorchester (County) Md. (State)

Injured at home, farm, industry, public place (where?): Hospital

Means of injury: Fell Injured at work?

23. SIGNATURE: Glenn W. Bruemmer M.D. M. D. or other

Address: Cambridge Date signed: Sept 20/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

08977

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, Institution, or street address where death occurred:
Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Beach Blossom Ave.,
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MOSSYE EVELYN JONES HENRY.

3.(b) Social Security Number: x

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Herman Henry

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): 11/2/1888

8. AGE: Years	Months	Days	If less than one day
56	10	28	...hrs. ...min.

9. Birthplace: Bishops Head, Md.
(Town, county, and state)

10. Usual occupation: Domestic (Home)

11. Industry or business

FATHER 12. Name: Timothy Jones

13. Birthplace: Md.

MOTHER 14. Maiden name: Olive Dare Mills

15. Birthplace: Md.

16. Informant: Herman Henry

Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/4/45 (month) (day) (year)

Cemetery or crematory: Dorchester Mem. Park.

Location: Cambridge, Md.

18. Funeral director: LeCompte Funeral Service.

Address: Cambridge, Md.

19. 10-5-45 (Date rec'd by registrar) John Mace Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30th, 1945, at 9P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1945, to Sept 30 1945, and that I last saw h— alive on Sept 25 1945

Immediate cause of death	DURATION
Acute Cardiac Dilatation	1 hr.
Due to Congestive Carcinoma	
Due to Carcinoma of Uterus	1 yr.
Other conditions Hiatus Hernia	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed 10-2-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08978

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 419 Maryland Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: George A. Hoffman

3. (b) Social Security Number: 218-20-8574

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Lula Travers

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Jan 4 1875

8. AGE: Years	Months	Days	If less than one day
70	8	10	..... hrs. ..... min.

9. Birthplace: Philadelphia (Town, county, and state)

10. Usual occupation: Retailer of Tin Smith

11. Industry or business

FATHER — 12. Name: George A. Hoffman

13. Birthplace: Germany

MOTHER — 14. Maiden name: Mary B. Funkhauser

15. Birthplace: Germany

16. Informant: Mrs. Geo. A. Hoffman

Address: Cambridge, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 9-17-45 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial Park

Location: Cambridge, Md.

18. Funeral director: Kenneth L. Thomas

Address: Cambridge, Md.

19. Sept. 17 1945 (Date rec'd by registrar) John Mace Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 14 1945 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1942 to Sept 14 1945 and that I last saw h... alive on Sept 10th 1945

Immediate cause of death	DURATION
Coronary Thrombosis	10 min
Due to: arteriosclerosis Generalized	7
Due to:	
Other conditions: Angina pectoris	7-28-45

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Eldridge H. Dodd M.D.

M. D. or other

Address: Cambridge Md. Date signed 9-15-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

08979

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Yrs.
Hospital, Institution, or street address where death occurred: 247 Race St.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(Fnr newborn infants give residence nf mother)
State: Maryland County: Maryland Dorchester
City or town: Cambridge
(If outside city nr town limits, write RURAL and give nearest town)
Street No. 247 Race St.
(If rural, give LOCATION)
2.(a) If veteran, name war: -

3.(a) FULL NAME: Mary A. Jones

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Alfred R. Jones
(Deceased) 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 20, 1866.

8. AGE: Years	Months	Days	If less than one day
78	10	23	..... hrs. ..... min.

9. Birthplace: Bishops Head, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Bazil Moore
13. Birthplace: Maryland

MOTHER
14. Maiden name: Percilla Gootee
15. Birthplace: Maryland

16. Informant: Mrs. Joseph Collins
Address: 247 Race St., Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 15, 1945 (month) (day) (year)
Cemetery or crematory: Old Trinty Church Cemetery
Location: Church Creek, Maryland.

18. Funeral director: LeCompte's Funeral Service
Address: Cambridge, Maryland.

19. Sept. 17 1945 (Date rec'd by registrar) John Mace Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 13, 1945 at 10: A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1945 to Sept 12 1945 and that I last saw h alive on Sept 12 1945

	DURATION
Immediate cause nf death: Apoplexy	3 Days
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Majnr findings nf nperations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City nr town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: P. H. Tavares M. D. nr other
Address: Cambridge Date signed: Sept 14 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 218

08980

CERTIFICATE OF DEATH

Reg. Dist. No. 116/15

1. PLACE OF DEATH:
County: Dorchester
City or town: Rural--Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
Home--Golden Hill
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Rural--Golden Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. Golden Hill
(If rural, give LOCATION)
2.(a) If veteran, name war: -

3.(a) FULL NAME: Levin T. Keene

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Gay Harrington
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Nov. 11, 1860.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
84	9	27		

9. Birthplace: Golden Hill, Dor. Co., Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Dirt

FATHER
12. Name: Thomas H. Keene
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Emma Travers
15. Birthplace: Maryland

16. Informant: Thomas H. Keene
Address: Golden Hill, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 11, 1945 (month) (day) (year)
Cemetery or crematory: Episcopal Church Cemetery
Location: Taylors Island, Maryland

18. Funeral director: LeCompte's Funeral Service
Address: Cambridge, Maryland.

19. Sept. 11 1945 (Date rec'd by registrar) James W. Meade Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8, 1945, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 4 1945 to Sept. 8 1945 and that I last saw him alive on Sept. 8 1945

Immediate cause of death	DURATION
(a) Cirrhosis of Intestines	2 weeks
Due to (b) Dysentery [redacted] infection	
Due to (c) Bacillary	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations: X
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: X
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James W. Meade M. D.
M. D. or other
Address: Fishing Creek, Md. Date signed: Sept. 11/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08981

Reg. Diat. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Years
Hospital, institution, or street address where death occurred:
Cambridge RFD # 2
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cambridge RFD # 2
(If rural, give LOCATION)
2.(a) If veteran, name war: -

3.(a) FULL NAME: Anna Salzer Kurth

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Otto Kurth
(Deceased 2/22/1938) 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 27, 1869

8. AGE: Years	Months	Days	If less than one day
76	5	17	..... hrs. ..... min.

9. Birthplace: Wamego, Kansas.
(Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Home

FATHER
12. Name: Casper Salzer
13. Birthplace: Germany

MOTHER
14. Maiden name: Theresa Baerholder
15. Birthplace: Germany

16. Informant: Wm. C. Kurth
Address: Parkville, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17, 1945 (month) (day) (year)
Cemetery or crematory: East New Market, Cemetery
Location: East New Market, Maryland.

18. Funeral director: LeCompte's Funeral Service
Address: Cambridge, Maryland.

19. Sept. 17 19 45 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 14, 1945, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 19 40 to Sept 14 19 45
and that I last saw h alive on Sept 13 19 45

Immediate cause of death	DURATION
Carcinomatosis	2 mos
Due to Carcinoma of the rectum	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Schneider M. D. or other
Address: Easton md Date signed: Sept 17, 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

08982

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorches er

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Price

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME: Sallie Annie Leager

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Walter Leager

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 27 1859

8. AGE:	Years	Months	Days	If less than one day
	86	3		..... hrs. ..... min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: -----Larrimore

13. Birthplace: Queen Anne's County, Maryland

MOTHER

14. Maiden name: Prudence Edwards

15. Birthplace: Kent County, Maryland

16. Informant: Hospital Records

Address: Cambridge, Mar land

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16-45 (month) (day) (year)

Cemetery or crematory: Church Hill

Location: Church Hill Md

18. Funeral director: Edgar L. Lane

Address: Church Hill Md

19. 9-14- 1945 (Date rec'd by registrar) John Mangle M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 13 19 45, at 3.30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1945 19 to Sept. 13 19 45

and that I last saw her alive on September 13 19 45

Immediate cause of death	DURATION
Bronchopnuemonia	1 day
Due to: Enteritis	6 days
Due to:	
Other conditions: Arteriosclerosis; Senile Psychosis	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Grace M Brumbaugh M.D. M. D. or other

Address: Cambridge Md. Date signed: Sept. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

8983

★ Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65 years.
Hospital, Institution, or street address where death occurred: 236 Race St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 236 Race St.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Frank Edw. Marshall

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife: Elba Henry
6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): April 13, 1879

8. AGE: Years: 66 | Months: 5 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Cambridge R F D
(Town, county, and state)

10. Usual occupation: Buck Sawyer

11. Industry or business

FATHER
12. Name: Robert S. Marshall
13. Birthplace: Dor Co.

MOTHER
14. Maiden name: Margaret Elliott
15. Birthplace: Dor.

16. Informant: Mrs. Frank Marshall
Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-27-1945 (month) (day) (year)
Cemetery or crematory: East New Market
Location: East New Market, Md
18. Funeral director: Kenneth R Thomas
Address: Cambridge, Md.

19. Sept. 27-19 45 (Date rec'd by registrar) John MacLea MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 24, 1945 at 10:06 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—— to ——— 19——
and that I last saw h—— alive on ——— 19——

Immediate cause of death	DURATION
Disease of Coronary Arteries	6 mos.
Due to: Arteriosclerosis	—
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ——— Date of op. ———
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ——— Date of ———
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ——— Injured at work?

23. SIGNATURE: Dr. K. Shriver, Dep. Med. Exam.
M. D. or other
Address: Cambridge, Md. Date signed: Sept 25, 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

D Number 08984

Reg. Dist. No. 116

1. PLACE OF DEATH
County Dorchester
City or town Liners Road md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Walter Meekins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Widowed

6.(b) Name of husband or wife Maggie Meekins
7. Birth date of deceased (mo., day, yr.) Mar 1873
6.(c) If alive, give age Dead years

8. AGE: Years	Months	Days	If less than one day
72			hrs. min.

9. Birthplace Dorchester Co (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Jake Meekins
13. Birthplace Dorchester

MOTHER
14. Maiden name Dont Know
15. Birthplace — — —

16. Informant William Meekins
Address Liners Road md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 9 /45 (month) (day) (year)
Cemetery or crematory Cemetery
Location Liners Road md
18. Funeral director Lewis H Baynum
Address Cambridge Md
19. 9/8/ 19 45 (Date rec'd by registrar) John Mace Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1945, at 5:30 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 31 1945 to Sept 6 1945
and that I last saw him alive on Sept 5 1945

	DURATION
Immediate cause of death Coronary Thrombosis	1/2 day
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Albert E Brueker M. D. or other
Address Cambridge Md Date signed 9-8-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-a)

CERTIFICATE OF DEATH

18985

★ Reg. Dist. No. 116

1. PLACE OF DEATH:
County DORCHESTER.
City or town CAMBRIDGE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 DAYS.
Hospital, institution, or street address where death occurred: CAMBRIDGE MARYLAND Hospital
How long in hospital or institution? 12 DAYS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County DORCHESTER
City or town CAMBRIDGE.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 209 HENRY
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME MRS. SALLIE NORTH.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1, 1867

8. AGE: Years	Months	Days	If less than one day
78 ~~77~~	3.	11	..... hrs. ..... min.

9. Birthplace DORCHESTER (Town, county, and state) MARYLAND.

10. Usual occupation NONE.

11. Industry or business

FATHER 12. Name GEORGE NORTH
13. Birthplace MARYLAND.

MOTHER 14. Maiden name SARAH APPLEGARTH.
15. Birthplace MARYLAND.

16. Informant MRS. E. BANNING
Address CAMBRIDGE R.F.D. #2 MARYLAND.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 15 1945 (Month) (day) (year)
Cemetery or crematory Farmers Cemetery
Location Baltimore, Md.

18. Funeral director Wm. J. Fickus & Sons
Address Baltimore, Md.

19. 9-13- 19 45 (Date rec'd by registrar) John Mace Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1945 at 9:22 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 1 1945 to Sept 12 1945 and that I last saw her alive on Sept. 12 1945

Immediate cause of death MYOCARDIAL FAILURE — DURATION 2 days

Due to ARTERSCLEROSIS. HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to DIABETES MELLITUS

Other conditions INTESTINAL OBSTRUCTION. SMALL BOWEL. — 14 days

(Include pregnancy within 3 months of death)

Major findings of operations STRANGULATION OF SMALL BOWEL. Date of op. 9/2/45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. Hooks. M. D. or other

Address Cambridge Md. Date signed 9/12/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

18986

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years 8 mos. 5 ds

Hospital, Institution, or street address where death occurred:
Eastern Shor State Hospital

How long in hospital or institution? 3 years 8 mos. 5 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Amy Slaughter

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Harry Slaughter

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 12 1876

8. AGE:	Years	Months	Days	If less than one day
	69	5 mos	26	..... hrs. ..... min.

9. Birthplace: Trappe Talbot Cy. Maryland
(Town, county, and state)

10. Usual occupation: Evangelist

11. Industry or business

FATHER 12. Name: Charles F. Adams

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Elizabeth Frantum

MOTHER 15. Birthplace: Maryland

18. Informant: Hospital Records
Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10 1945 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: Maurice E. Turnbaugh

Address: Easton Md.

19. 9/8/45 (Date rec'd by registrar) John Moore Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 7 1945, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1942 to September 7 1945 and that I last saw her alive on September 7 1945

	DURATION
Immediate cause of death: Bronchopnuemonia	3 days
Due to: General and Cerebral Arterio sclerosis	unknown
Due to:	
Other conditions: Chronic Myocarditis Hypertension	unknown

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Grace M. Burnam M.D.
M. D. or other

Address: Cambridge, Md. Date signed: Sept 7 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-d

CERTIFICATE OF DEATH

08987

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Phillips Barracks Factory G.

Stay in hospital or inst. (yrs., or mos., or days): 0

Stay in this community (yrs., or mos., or days): 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Phillips Barracks Factory G.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Tyler

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (d) Single, married, widowed, or divorced
Male	col.	widowed

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March — 2 — 1885

8. AGE:

Years	Months	Days	If less than one day
60	6	17	— hrs. — min.

9. Birthplace: Alabama
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: X
13. Birthplace:

MOTHER
14. Maiden name: X
15. Birthplace:

16. Informant: Mary Switchly
Address: Barracks of Phillips Pkg Co. Camp

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-22-45 (month) (day) (year)

Cemetery or crematory: Silent City

Location: Cambridge, Maryland

19. Funeral director: Lewis Baynum

Address: Cambridge, Md.

19. Sept 22 - 1945 (Date rec'd by registrar) John Mace Jr. MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 19, 1945, at 8-15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2, 1945, to Sept 19, 1945, and that I last saw him alive on Sept 2, 1945.

	DURATION
Immediate cause of death: Chronic Myocarditis	6 mos
Due to:	
Due to:	
Other conditions: General Edema	2 mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: B. K. Shivers, M.D. M. D. or other

Address: Cambridge Md Date signed: Sept 20 '45

08988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County: Dorchester
City or town: Seaford, Del. R.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Dorchester
City or town: Seaford, Del. R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Alice A. Willey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Married

6.(b) Name of husband or wife: Ralph B. Willey
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): March 15 1888

8. AGE: Years	Months	Days	If less than one day
57	6	—	hrs. min.

9. Birthplace: Dor Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Ezekiel Wheatley
13. Birthplace: Md

MOTHER
14. Maiden name: Annie Wheatley
15. Birthplace: Md

16. Informant: Ralph B. Willey
Address: Seaford, Del R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 18 1945 (month) (day) (year)
Cemetery or crematory: Cokesbury, Md
Location: " "

16. Funeral director: Graveyor Bros
Address: Sharptown Md

19. 9-18 1945 (Date rec'd by registrar) H.C. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1945 at 6.9. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1928 to Sept 14 1945 and that I last saw h.. alive on Sept 14 1945.

Immediate cause of death: (a) Cerebral Hemorrhage
(b) Hypertension

	DURATION
(a)	17 Years.
(b)	17 Years.
Due to	
Due to	
Other conditions: Diabetes	6 years.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. S. Kirkman. M. D.
Address: Sharptown, Md Date signed 9/17/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13a)

CERTIFICATE OF DEATH

08989
116
Reg. Dist. No.

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 207 Willis St.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Herman Willey

3.(b) Social Security Number: 217-10-8315

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rosie Cooper
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 16-1875

8. AGE: Years	Months	Days	If less than one day
70	0	18	hrs. min.

9. Birthplace: Lakeville (Town, county, and state)
10. Usual occupation: Janitor Municipal Bldg.
11. Industry or business: Theatre Ticket Collector

FATHER
12. Name: Emrad Willey
13. Birthplace: Del

MOTHER
14. Maiden name: Mary Ellen Adams
15. Birthplace: Del

16. Informant: Mrs Rosie Willey
Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 6-'45 (month) (day) (year)
Cemetery or crematory: Dorchester
Location: Cambridge Md.

18. Funeral director: Kenneth R Thomas
Address: Cambridge Md.

19. Sept. 6- 19 (Date rec'd by registrar) by John Macgill Jr MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4- 1945 at 6:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1945, to Sept. 4 1945
and that I last saw him alive on Sept. 3 1945

Immediate cause of death	DURATION
Chronic Glomerular Nephritis	1 year +
Due to: arteriosclerosis Generalized	1 year +
Due to:	
Other conditions: Anasarca	5 weeks

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Eldridge Heath M. D. or other
Address: Cambridge, Md. Date signed: 9-4-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

18991

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 Years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: 315 Race St.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Cambridge, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Sarah E. Wroten

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: W. C. Wroten
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 27, 1857

8. AGE:

Years	Months	Days	If less than one day
88	2	16	hrs. min.

9. Birthplace: Hoy County (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James A Hubbard
13. Birthplace: Dor Co.
MOTHER 14. Maiden name: Mary Marshall
15. Birthplace: Dor Co
16. Informant: Fred J. Parks
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 15-'45 (month) (day) (year)
Cemetery or crematory: Greenlawn
Location: Cambridge, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. 9/13/ 19 45 (Date rec'd by registrar) John Mace Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 13 19 45, at 1:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Sept 13 1945 and that I last saw her alive on Sept 12 1945.

Immediate cause of death	DURATION
Chronic Myocarditis	8-10 yrs.
Due to: Arterio-sclerosis	8-10 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver M.D. M. D. or other
Address: Cambridge Md. Date signed: Sept. 13 1945